

Notice of Intent to Operate a Compost Facility (Compost Form No. 1)

Applicant Information:

Applicant Name: _____

Customer Reference Number – if known (9 digits): **CN**_____

** If you do not have this number, complete the customer information section of the Core Data Form (TCEQ-10400) and submit it with this application.*

Facility Information:

Facility Name: _____

Regulated Entity Reference Number – if known (9 digits): **RN**_____

** If you do not have this number, complete the regulated entity information section of the Core Data Form (TCEQ-10400) and submit it with this application.*

Property Owners Information:

Name: _____

Customer Reference Number – if known (9 digits): **CN**_____

** If you do not have this number, complete the customer information section of the Core Data Form (TCEQ-10400) and submit it with this application.*

Contact Information:

Name: _____

Title: _____

Site Location:

1. Provide a city or county roadway map with the site shown and labeled (attach as an exhibit).
2. Provide a description of how to get to the site from an intersection of two state roadways:

3. Provide as an attachment, a list of adjacent property owners and their mailing address.
4. Legal description of the property

Name of Applicant: _____

Feed Stock Information:

Feed Stock	Quantity (include rate of processing per day, month, or year)
Meat	
Dead Animal Carcasses	
Fish	
Oils and Grease	
Dairy	
Other (describe)	
Other (describe)	

Process Description:

(Please provide enough detail in accordance with 30 TAC Chapter 332, Section 332.23.)

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Name of Applicant: _____

Applicant's Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."
[30 TAC §305.44(b)]

Signature of the Owner/Operator

Date

Printed Name

Title

Attachments

Name of Applicant: _____

This form is required by 30 Texas Administrative Code §332.21, and must be submitted prior to operating a composting facility that is required to notify the TCEQ as set forth in 30 TAC Chapter 332. The facility may begin operation thirty days following submittal of this form. Owners/operators are only required to meet the provisions set forth in §332.4 "General Requirements" and §332.22 "Operations Requiring Notification" of Chapter 332.

If you have any questions, please contact the Municipal Solid Waste Permits Section in the Waste Permits Division of the TCEQ, at (512) 239-2334.

Please submit completed form and one or more TCEQ Core Data Form(s) (TCEQ-10400) to:

Municipal Solid Waste Permits Section MC 124
Waste Permits Division
Texas Commission on Environmental Quality
P.O. Box 13087
Austin, Texas 78711-3087